

**United States Department of Labor  
Employees' Compensation Appeals Board**

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**S.D., Appellant**

**and**

**U.S. POSTAL SERVICE, MARKET SQUARE,  
Philadelphia, PA, Employer**

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**Docket No. 17-0272  
Issued: April 25, 2017**

*Appearances:*

*Thomas R. Uliase, Esq., for the appellant*<sup>1</sup>

*Office of Solicitor, for the Director*

*Case Submitted on the Record*

**DECISION AND ORDER**

Before:

PATRICIA H. FITZGERALD, Deputy Chief Judge  
COLLEEN DUFFY KIKO, Judge  
ALEC J. KOROMILAS, Alternate Judge

**JURISDICTION**

On November 16, 2016 appellant, through counsel, filed a timely appeal from a September 7, 2016 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act<sup>2</sup> (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

**ISSUES**

The issues are: (1) whether OWCP properly terminated appellant's medical benefits, effective March 10, 2016, as she had no further residuals of her February 14, 2014 work injury;

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<sup>1</sup> In all cases in which a representative has been authorized in a matter before the Board, no claim for a fee for legal or other service performed on appeal before the Board is valid unless approved by the Board. 20 C.F.R. § 501.9(e). No contract for a stipulated fee or on a contingent fee basis will be approved by the Board. *Id.* An attorney or representative's collection of a fee without the Board's approval may constitute a misdemeanor, subject to fine or imprisonment for up to one year or both. *Id.*; see also 18 U.S.C. § 292. Demands for payment of fees to a representative, prior to approval by the Board, may be reported to appropriate authorities for investigation.

<sup>2</sup> 5 U.S.C. § 8101 *et seq.*

(2) whether appellant has met her burden of proof to show that she required medical treatment after March 10, 2016 due to her employment injury; and (3) whether appellant has established that her claim should be expanded to include additional conditions resulting from the February 14, 2014 work injury.

### **FACTUAL HISTORY**

On February 14, 2014 appellant, then a 39-year-old letter carrier, filed a traumatic injury claim (Form CA-1) alleging that, on that date, she sustained injuries to her neck, back, and left knee after she slipped on ice and fell down stairs. She stopped work on February 14, 2014. OWCP accepted the claim for neck sprain, sprains of the thoracic and lumbar spine, and sprains of the left knee and leg.<sup>3</sup> It paid compensation for total disability from April 2 until October 6, 2014, when appellant resumed full-time modified employment.

In a progress report dated June 4, 2015, Dr. William Beatie, an attending orthopedic surgeon, discussed appellant's history of a work injury on February 14, 2014 and noted that an electromyogram (EMG) showed right radiculopathy at L5. He diagnosed cervical sprain/strain, a C5-6 disc herniation, thoracic sprain/strain, lumbosacral strain/sprain with right L5 radiculopathy, an L4-5 disc herniation, left knee sprain/strain, and left knee patellofemoral arthritis. Dr. Beatie found that appellant could continue to perform her modified employment. He related, "It is my professional opinion, based on a reasonable degree of medical certainty that the injuries sustained by [appellant] are causally related to the injury at work on February 14, 2014."

OWCP, on May 20, 2015, referred appellant to Dr. Willie E. Thompson, a Board-certified orthopedic surgeon, for a second opinion examination. It requested that he address whether she had residuals of her accepted conditions, the extent of any disability, and whether she sustained additional conditions as a result of her work injury.

In a report dated June 19, 2015, Dr. Thompson reviewed the history of injury and discussed appellant's complaints of continued pain in her neck and back with periodic numbness of the legs and arms. On examination he found a negative straight leg raise with no motor or sensory deficits of the lumbar spine, no muscles spasms or tenderness of the cervical spine, full strength of the upper extremity, and no loss of motion, effusion, or instability of the left knee. Dr. Thompson noted that there were "no imaging studies available for review," but noted that an EMG showed findings "suggestive of a right L5 radiculopathy." He diagnosed a sprain/strain of the neck, back, and left knee. Dr. Thompson opined, "At this point in time there are no objective residuals related to the injury of February 14, 2014. Examination of the cervical spine, lumbar spine and left knee failed to reveal any evidence of objective pathology." Dr. Thompson found no evidence of disability and that appellant could resume her usual employment.

By letter dated July 20, 2015, OWCP requested that appellant's treating physician, Dr. Beatie, and Dr. Sofia Lam, a Board-certified anesthesiologist, review Dr. Thompson's report and provide any differing opinion regarding appellant's injury-related condition and disability.

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<sup>3</sup> OWCP had previously accepted lumbosacral strain due to an October 5, 2004 injury, assigned File No. xxxxxx349.

Dr. Beatie, on July 23, 2015, disagreed with Dr. Thompson's opinion that appellant could resume her usual employment. He related, "[Appellant] did not comment on her objective findings of a disc herniation at C5-6 or the disc herniation at L4-5. In his impressions and recommendations, these important [magnetic resonance imaging] (MRI) [scan] findings were not discussed."

In an August 18, 2015 report, Dr. Lam described her treatment of appellant for work-related neck and back injuries. She diagnosed "cervical and lumbar/thoracic sprain and strain, discogenic lumbar radiculopathy with the main focus in the right L4-5, S1 nerve root distribution, lumbar facet syndrome and discogenic cervical radiculopathy with the main focus in the right C5, C6 nerve root distribution." Dr. Lam provided examination findings and discussed her planned treatment of appellant by facet joint injection.

On September 9, 2015 OWCP advised appellant of its proposed termination of her wage-loss compensation and medical benefits as the opinion of Dr. Thompson represented the weight of the evidence and established that she had no further employment-related condition or residuals.

Dr. Beatie, in a report dated October 1, 2015, noted that appellant had no pain in her neck, arm, back, leg, or left knee before the February 14, 2014 employment injury. He related, "The mechanism of injury is consistent with the cervical disc herniation with the radiculitis and the lumbar disc herniation with the left L5 radiculopathy. The mechanism of injury is also consistent with the left knee sprain and strain." Dr. Beatie concluded that the diagnoses were causally related to the February 14, 2014 employment injury.

On November 9, 2015 appellant submitted MRI scan studies of the cervical and lumbar spine and left knee dated July 10, 2014 and the results of January 6, 2015 electrodiagnostic testing to OWCP. The MRI scan of the cervical spine revealed a "[p]osterior annular tear and subtle central disc herniation at C5-6 with minimal indentation upon the ventral subarachnoid space." The MRI scan study of the lumbar spine showed an L4-5 central disc herniation and bulge with mild compression of the thecal sac. The MRI scan study of the left knee showed patellofemoral arthritis and "marrow edema in the lateral femoral condyle which can be seen with bone contusion." The EMG and nerve conduction velocity study revealed findings "suggestive of right L5 radiculopathy."

By letter received November 9, 2015, appellant requested that OWCP expand acceptance of her claim to include cervical and lumbar herniated discs with radiculopathy, noting that she did not have an injury to her back and neck before the February 14, 2014 incident.

OWCP determined that a conflict arose between Dr. Thompson and Dr. Beatie regarding appellant's current condition and disability. It indicated that Dr. Beatie found additional employment-related conditions, including cervical and lumbar disc herniations, and patellofemoral arthritis. OWCP referred appellant to Dr. William H. Simon, a Board-certified orthopedic surgeon, for an impartial medical examination. It requested that he address whether she had residuals of her accepted employment injury and provide the relationship between any diagnoses and the February 14, 2014 injury.

In a report dated December 9, 2015, Dr. Simon reviewed appellant's history of injury and her symptoms of neck pain, headaches, and low back pain. On examination, he found normal range of motion of lumbar and cervical spine without tenderness. Dr. Simon further found normal lower extremity range of motion with intact sensation. He reviewed the medical reports of record and the results of diagnostic testing. Dr. Simon noted that OWCP had not accepted a C5-6 cervical disc herniation, lumbar and cervical radiculopathy, an L4-5 disc herniation, and patellofemoral arthritis due to the February 14, 2014 employment injury. He diagnosed cervical degenerative disc disease and lumbar degenerative disc and joint disease by MRI scan study, and left knee patellofemoral arthritis. Dr. Simon found no objective evidence of the accepted conditions and noted that the only objective findings of disc abnormalities were the MRI scan studies and the EMG finding of L5 radiculopathy, which were not accepted as work related. He concurred with Dr. Thompson that appellant had "no objective residual of any of the accepted injuries sustained on February 14, 2014, namely a strain and sprain of the cervical, thoracic, and lumbar spines and a sprain and strain of the knee." Dr. Simon advised that soft tissue injuries resolved within weeks or months and opined that she did not require treatment for her work injury after September 2014. He found no disability due to the work injury, but noted that appellant had limitations due to preexisting disc disease of the cervical and lumbar spine.

OWCP, on January 25, 2015, notified appellant of its proposed termination of her wage-loss compensation and medical benefits based on the opinion of Dr. Simon, the impartial medical examiner.

In a February 4, 2016 progress report, Dr. Beatie related, "It is imperative that these diagnoses [C5-6 and L4-5 disc herniations] be added as well as the radiculopathy at L4-5 and S1. There is no reason to doubt these injuries did not occur at the time of [appellant's] fall on February 14, 2014. The mechanism of injury is consistent with these diagnoses." Dr. Beatie opined that appellant could continue working modified duty.

Counsel, by letter dated February 11, 2016, disagreed with the proposed termination and requested claim expansion to include lumbar radiculopathy and herniated cervical and lumbar discs.<sup>4</sup> He maintained that Dr. Thompson had not reviewed the MRI scan studies or addressed the positive EMG findings and thus his report was of diminished weight. Counsel argued that a conflict did not exist regarding claim expansion at the time of OWCP's referral of appellant to Dr. Simon as Dr. Thompson had not addressed the issue. He further noted that Dr. Simon merely noted that the left knee patellofemoral arthritis and lumbar and cervical herniations were not accepted. Counsel questioned his diagnoses of preexisting degenerative disc disease given appellant's age and as it was not found on the MRI scans. He also asserted that Dr. Simon had not provided rationale for his opinion or addressed whether preexisting conditions were aggravated by the fall.

By decision dated March 10, 2016, OWCP terminated appellant's wage-loss compensation and authorization for medical benefits effective that date. It found that the opinion

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<sup>4</sup> On February 19, 2016 appellant acknowledged to OWCP that she had been involved in a minor motor vehicle accident when her vehicle had been struck from behind on March 19, 2010. She was diagnosed at that time with minor neck and back strain. Appellant did not lose time from work or have objective studies. She noted that she had forgotten about the incident because it was "so minor."

of Dr. Simon represented the weight of the evidence and established that she had no further employment-related condition or residuals.

On March 21, 2016 counsel requested an oral hearing. In a duty status report dated March 14, 2016, Dr. Gregory A. Nelson, an internist, diagnosed cervical and lumbar sprain and listed work restriction. He checked a box marked “yes” indicating that the history provided by appellant corresponded to that provided on the form, noting that she had fallen down stairs.

At the hearing, held on July 14, 2016, counsel reiterated that a conflict did not exist as Dr. Thompson had not reviewed the imaging studies and thus had no basis for finding that appellant had no objective evidence of a lumbar or cervical condition. He maintained that Dr. Simon’s report constituted that of a second opinion examiner and that he did not address the issue of claim expansion or provide rationale for his finding that she had a preexisting condition.

By decision dated September 7, 2016, an OWCP hearing representative affirmed the March 10, 2016 decision. He found that a conflict existed regarding whether appellant’s accepted diagnoses and whether her claim should be expanded. The hearing representative found that Dr. Simon resolved the conflict by finding no objective evidence of a disc condition on examination.

On appeal counsel contends that Dr. Thompson addressed only appellant’s accepted conditions and thus his opinion did not create a conflict with Dr. Beatie regarding claim expansion. He argues that Dr. Simon’s report constituted that of a second opinion examiner. Counsel asserts that the physician concluded that the accepted sprains had resolved, but did not address the issue of claim expansion, noting only that the additional conditions had not been accepted. He also maintains that Dr. Simon failed to explain his diagnosis of degenerative disc disease or why he found that it preexisted the work injury.

### **LEGAL PRECEDENT -- ISSUE 1**

Once OWCP accepts a claim and pays compensation, it has the burden of justifying modification or termination of an employee’s benefits.<sup>5</sup> It may not terminate compensation without establishing that the disability ceased or that it was no longer related to the employment.<sup>6</sup> OWCP’s burden of proof in terminating compensation includes the necessity of furnishing rationalized medical opinion evidence based on a proper factual and medical background.<sup>7</sup> Further, the right to medical benefits for an accepted condition is not limited to the period of entitlement for disability compensation.<sup>8</sup> To terminate authorization for medical treatment,

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<sup>5</sup> *Elaine Sneed*, 56 ECAB 373 (2005).

<sup>6</sup> *Fred Reese*, 56 ECAB 568 (2005); *Gloria J. Godfrey*, 52 ECAB 486 (2001).

<sup>7</sup> *Gewin C. Hawkins*, 52 ECAB 242 (2001).

<sup>8</sup> *T.P.*, 58 ECAB 524 (2007); *Pamela K. Guesford*, 53 ECAB 727 (2002).

OWCP must establish that appellant no longer has residuals of an employment-related condition which require further medical treatment.<sup>9</sup>

Section 8123(a) provides that, if there is disagreement between the physician making the examination for the United States and the physician of the employee, the Secretary shall appoint a third physician who shall make an examination.<sup>10</sup> The implementing regulations states that, if a conflict exists between the medical opinion of the employee's physician and the medical opinion of either a second opinion physician or an OWCP medical adviser, OWCP shall appoint a third physician to make an examination. This is called a referee examination and OWCP will select a physician who is qualified in the appropriate specialty and who has no prior connection with the case.<sup>11</sup> In situations where there exist opposing medical reports of virtually equal weight and rationale and the case is referred to an impartial medical specialist for the purpose of resolving the conflict, the opinion of such specialist, if sufficiently well rationalized and based upon a proper factual background, must be given special weight.<sup>12</sup>

### **ANALYSIS -- ISSUE 1**

OWCP accepted that appellant sustained neck strain, thoracic and lumbar sprains, and left knee and leg sprains due to a February 14, 2014 employment injury. It paid her compensation for total disability from April 2 to October 6, 2014, when she returned to full-time limited-duty work. As appellant was not receiving compensation for total disability at the time of OWCP's termination, it improperly characterized the decision as a termination of wage-loss compensation.<sup>13</sup> The issue is whether she had residuals from her work injury such that she required further medical treatment.

OWCP properly determined that a conflict of medical opinion existed between Dr. Beatie, an attending physician who found that appellant had continued residuals of her cervical, thoracic, lumbar, and left knee sprains, and Dr. Thompson, a referral physician who found that she had no objective findings of the accepted employment injuries. It referred her to Dr. Simon for an impartial medical examination.

Where there exist opposing medical reports of virtually equal weight and rationale and the case is referred to an impartial medical specialist for the purpose of resolving the conflict, the opinion of such specialist, if sufficiently well rationalized and based upon a proper factual background, must be given special weight.<sup>14</sup> The Board finds that the opinion of Dr. Simon, a Board-certified orthopedic surgeon selected to resolve the conflict in opinion, is well rationalized

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<sup>9</sup> *Id.*

<sup>10</sup> 5 U.S.C. § 8123(a).

<sup>11</sup> 20 C.F.R. § 10.321.

<sup>12</sup> *R.C.*, 58 ECAB 238 (2006); *Barry Neutuch*, 54 ECAB 313 (2003); *David W. Pickett*, 54 ECAB 272 (2002).

<sup>13</sup> See *O.L.*, Docket No. 12-1607 (issued January 17, 2013), n. 3; *G.U.*, Docket No. 12-1725 (issued March 14, 2013); *L.E.*, Docket No. 09-1855 (issued July 2, 2010).

<sup>14</sup> See *J.M.*, 58 ECAB 478 (2007); *Darlene R. Kennedy*, 57 ECAB 414 (2006).

and based on a proper factual and medical history. Dr. Simon accurately summarized the relevant medical evidence, provided detailed findings on examination, and reached conclusions about appellant's condition which comported with his findings.<sup>15</sup> In a report dated December 9, 2015, he reviewed the medical evidence of record, including the results of diagnostic studies. On examination, Dr. Simon found no objective evidence of the accepted sprains due to the February 14, 2014 employment injury. He provided rationale for his opinion by explaining that appellant's soft tissue injuries had resolved by September 2014 and that she required no further treatment after that date. As Dr. Simon's report is detailed, well rationalized and based on a proper factual background, his opinion is entitled to the special weight accorded an impartial medical examiner.<sup>16</sup> OWCP thus met its proof to terminate appellant's medical benefits for the accepted conditions of cervical, thoracic, lumbar, and left knee sprains.

The remaining evidence submitted prior to OWCP's termination is insufficient to support that appellant had further residuals of her accepted work injury. On February 4, 2016 Dr. Beatie advised that her claim should be expanded to include additional conditions. He did not, however, find that appellant required additional treatment due to her accepted lumbar, thoracic, cervical, and left knee sprain. Additionally, Dr. Beatie was on one side of the conflict resolved by Dr. Simon. A medical report from a physician on one side of a conflict resolved by an impartial medical examiner is generally insufficient to overcome the weight accorded the report of an impartial medical examiner or create a new conflict.<sup>17</sup>

### **LEGAL PRECEDENT -- ISSUE 2**

As OWCP met its burden of proof to terminate appellant's authorization for medical benefits, appellant has the burden of proof to establish continuing employment-related residuals after that date due to her accepted employment injury. Appellant must establish by the weight of the reliable, probative, and substantial evidence that she had residuals of her employment injury which continued after the termination of benefits.<sup>18</sup>

### **ANALYSIS -- ISSUE 2**

Dr. Nelson, in a duty status report dated March 14, 2016, diagnosed a cervical and lumbar sprain condition and listed work restrictions. He checked a box marked "yes" indicating that the history provided by appellant corresponded to that provided on the form (*i.e.*, that she had fallen down the steps). The Board has held, however, that an opinion on causal relationship which consists only of a physician checking a box marked "yes" to a medical form question on whether the claimant's condition was related to the history given is of little probative value.

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<sup>15</sup> See *Manuel Gill*, 52 ECAB 282 (2001).

<sup>16</sup> See *Katheryn E. Demarsh*, 56 ECAB 677 (2005).

<sup>17</sup> *Jaja K. Asaramo*, 55 ECAB 200 (2004); *Michael Hughes*, 52 ECAB 387 (2001).

<sup>18</sup> See *M.C.*, Docket No. 16-0724 (issued October 7, 2016); *C.B.*, Docket No. 16-0571 (issued October 4, 2016).

Without any explanation or rationale for the conclusion reached, such report is insufficient to establish causal relationship.<sup>19</sup>

Regarding OWCP's termination of medical benefits, appellant may submit new evidence or argument with a written request for reconsideration to OWCP within one year of this merit decision, pursuant to 5 U.S.C. § 8128 and 20 C.F.R. §§ 10.605 through 10.607.

### **LEGAL PRECEDENT -- ISSUE 3**

Where an employee claims that a condition not accepted or approved by OWCP was due to an employment injury, he or she bears the burden of proof to establish that the condition is causally related to the employment injury.<sup>20</sup> To establish causal relationship between the condition, as well as any attendant disability claimed and the employment event or incident, the employee must submit rationalized medical opinion evidence based on a complete factual and medical background, supporting such a causal relationship.<sup>21</sup> The opinion of the physician must be based on a complete factual and medical background of the claimant,<sup>22</sup> must be one of reasonable medical certainty<sup>23</sup> explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by the claimant.<sup>24</sup>

Proceedings under FECA are not adversarial in nature, nor is OWCP a disinterested arbiter.<sup>25</sup> While the claimant has the responsibility to establish entitlement to compensation, OWCP shares responsibility in the development of the evidence. It has the obligation to see that justice is done.<sup>26</sup> Accordingly, once OWCP undertakes to develop the medical evidence further, it has the responsibility to do so in the proper manner.<sup>27</sup>

### **ANALYSIS -- ISSUE 3**

The Board finds that the case is not in posture for decision regarding whether appellant sustained additional conditions due to her February 14, 2014 employment injury. On June 4, 2015 Dr. Beatie diagnosed, in addition to the accepted sprains, a cervical disc herniation at C5-6, an L4-5 disc herniation, right L5 radiculopathy, and patellofemoral arthritis of the left knee. He

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<sup>19</sup> *Deborah L. Beatty*, 54 ECAB 334 (2003) (the checking of a box marked "yes" in a form report, without additional explanation or rationale, is insufficient to establish causal relationship).

<sup>20</sup> See *C.V.*, Docket No. 14-1940 (issued May 26, 2015); *V.B.*, Docket No. 12-0599 (issued October 2, 2012).

<sup>21</sup> See *P.A.*, Docket No. 09-0319 (issued November 23, 2009); *Jennifer Atkerson*, 55 ECAB 317 (2004).

<sup>22</sup> *Tomas Martinez*, 54 ECAB 623 (2003); *Gary J. Watling*, 52 ECAB 278 (2001).

<sup>23</sup> *John W. Montoya*, 54 ECAB 306 (2003).

<sup>24</sup> *Judy C. Rogers*, 54 ECAB 693 (2003).

<sup>25</sup> *Vanessa Young*, 55 ECAB 575 (2004).

<sup>26</sup> *Richard E. Simpson*, 55 ECAB 490 (2004).

<sup>27</sup> *Melvin James*, 55 ECAB 406 (2004).



attributed the diagnosed conditions to the work injury on February 14, 2014. In a report dated October 1, 2015, Dr. Beatie advised that the cervical and lumbar disc herniations were consistent with the mechanism of injury.

OWCP referred appellant to Dr. Thompson for a second opinion examination. It requested that the physician address whether she had any additional conditions due to her February 14, 2014 employment injury. On June 19, 2015 Dr. Thompson indicated that he had no imaging studies to review, but an EMG showed findings consistent with radiculopathy at L5 on the right. He found no objective findings of cervical, lumbar, or knee pathology, but did not review the imaging studies or specifically address whether appellant's claim should be expanded to include additional conditions.

OWCP referred appellant to Dr. Simon after finding a conflict existed regarding whether she had residuals of her accepted employment injury. It requested that he explain the relationship between any diagnosed conditions and the February 14, 2014 work injury.

As Dr. Thompson had not addressed the issue of claim expansion, there existed no conflict in opinion between appellant's attending physician, Dr. Beatie, and OWCP's referral physician, Dr. Thompson, regarding whether she sustained herniated cervical and lumbar discs and left knee patellofemoral arthritis due to her February 14, 2014 employment injury. Dr. Simon's opinion, consequently, on the issue of claim expansion was that of an OWCP referral physician rather than an impartial medical examiner.

In his December 9, 2015 report, Dr. Simon noted that OWCP had not accepted disc herniations at C5-6 and L4-5, cervical and lumbar radiculopathy, or patellofemoral arthritis as work related. He diagnosed cervical and lumbar degenerative disc disease by MRI scan and patellofemoral arthritis of the left knee. Dr. Simon indicated that the MRI scan studies showed abnormalities and the EMG study showed L5 radiculopathy, but again noted that these conditions were not accepted as work related. He found that appellant had limitations due to preexisting cervical and lumbar disc disease. Dr. Simon, however, did not specifically address whether she had sustained herniations, radiculopathy, patellofemoral arthritis, or any aggravation of a preexisting condition due to her February 14, 2014 employment injury.

As noted, once OWCP undertakes to develop the medical evidence further, it has the responsibility to do in a manner that will resolve the relevant issues in the case.<sup>28</sup> Accordingly, the Board finds that the case must be remanded to OWCP for further development. On remand, OWCP should request that Dr. Simon provide a supplemental opinion clarifying whether appellant sustained any additional conditions caused or aggravated by the February 14, 2014 employment injury. Following this and any other development deemed necessary, OWCP shall issue an appropriate decision.

### **CONCLUSION**

The Board finds that OWCP properly terminated appellant's medical benefits, effective March 10, 2016, as she had no further residuals of her February 14, 2014 work injury. The

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<sup>28</sup> See *V.B.*, *supra* note 20; *Id.*

Board further finds that she had not established that she had residuals of her accepted employment injury after February 14, 2014. The Board further finds that the case is not in posture for decision regarding whether appellant's claim should be expanded to include additional conditions resulting from the February 14, 2014 work injury.

**ORDER**

**IT IS HEREBY ORDERED THAT** the September 7, 2016 decision of the Office of Workers' Compensation Programs is affirmed in part and set aside in part and the case is remanded for further proceedings consistent with this opinion of the Board.

Issued: April 25, 2017  
Washington, DC

Patricia H. Fitzgerald, Deputy Chief Judge  
Employees' Compensation Appeals Board

Colleen Duffy Kiko, Judge  
Employees' Compensation Appeals Board

Alec J. Koromilas, Alternate Judge  
Employees' Compensation Appeals Board